

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10774791</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
131										
132										
133										
134										
135										
136										
137										
138										
139										
140										
141										
142										
143										
144										
145										
146										
147										
148										
149										
150										
151										
152										
153										
154										
155										
156										
157										
158										
159										
160										
161										
162										
163										
164										
165										
166										
167										
168										
169										
170										
171										
172										
173										
174										
175										
176										
177										
178										
179										
180										
181										
182										
183										
184										
185										
186										
187										
188										
189										
190										
191										
192										
193										
194										
195										
196										
197										
198										
199										
200										
201										
202										
203										
204										
205										
206										
207										
208										
209										
210										
211										
212										
213										
214										
215										
216										
217										
218										
219										
220										
221										
222										
223										
224										
225										
226										
227										
228										
229										
230										
231										
232										
233										
234										
235										
236										
237										
238										
239										
240										
241										
242										
243										
244										
245										
246										
247										
248										
249										
250										
Total Indep										
Total Depend										
Total Claims										